

List all parcels covered by the withdrawn application or submit an electronic file:

[illegible]

Applicant or Representative: Nassau County group #, if any _____

Name _____

Address _____

Telephone _____ Fax _____ E-mail _____

I am the applicant or the representative who filed the applications described above. I withdraw the applications as of the date of their filing and understand that a withdrawn application may not serve as the prerequisite for a Small Claims Assessment Review proceeding or other judicial proceeding, including proceedings that have been commenced prior to the filing of this withdrawal.

Date _____

Signature of applicant or representative

If you have questions about this form call the Assessment Review Commission at 516-571-2391. For information on the Assessment Review Commission visit our website at **www.NassauCountyNY.gov/arc**.